



EDITORIAL

Perspectives on this issue of the IJS

To be a truly generic Surgical Journal one has to embrace every specialty within surgery or the generality of surgery. This edition certainly has done this with no specialty being over-represented. What a cornucopia of fascinating surgical management scenarios and papers. If there is a gap, it is in not having enough academic papers with the emphasis firmly on clinical situations. One could argue we are a craft specialty and technical/clinical papers are what our reading public wish to be served. No doubt this is true to a degree but proof of the efficacy of an operation or treatment has always been based on randomized controlled trials or well-structured studies. Outcomes are the most important part of a patient's progress.

So why the dearth of these academic papers? It may well be due to the fact academic surgery is in the doldrums. Academic surgery does not feature strongly in the undergraduate years and, indeed, many Universities are ignoring its importance, whilst at the Postgraduate level, especially in the UK, it has been savaged due, in the main, to being a poor contributor to their coffers compared to other subjects. Young aspiring surgeons were expected to take time off in research to further their careers but streamlined early-specialised training is killing that approach with little or no time for bench research. At the same time, the pressure to obtain competencies in surgical skills with less exposure to surgery due to working practices is cutting into what was previously research time.¹

So how can we help? Pressure to include time for research in each surgical specialty is one way forward. Another is for our critical readership to endeavour to rectify the situation. From the first controlled experiment/observation by Paré on the difference the use of burning oil and soothing lotions on amputation stumps in the field of battle, through John Hunter's "do the experiment" to the modern day, research has played an important part of all our lives.

Urological, cardiac, vascular, oncological and orthopaedic topics are all covered in this edition with gastro-

intestinal and general subjects not overlooked. The merging of surgical and, traditionally non-surgical specialties, is reflected with the endovascular approach to aortic aneurysms paper (pp. 172–175). Technical questions are answered with respect to stress incontinence (pp. 162–166) and the outcome between the elective and emergency mesh repair of obturator hernias (pp. 139–142).

As Editor-in-Chief I am delighted to have a true mix of specialty papers offered to our prestigious Journal; however, I would also like to see an increase in the number of research and academic papers preferred. The other deficit is probably a lack of input on contentious generic issues that affect all surgeons. Reviews on subjects such as "the increasing practice of defensive surgery", "the ethics of negative euthanasia" or "what criteria are used in the selection of patients for major cancer surgery" are all topics which must exercise most of your minds; so why not put pen to paper and confront some of these problem areas.

A surgical journal must not only produce useful clinical lessons and experiences but stimulate and create debate. I would like to see you all take the bait and help us produce an even better product in the future.

Reference

1. Agha RA, Papanikitas A, Baum M, Benjamin IS. The teaching of surgery in the undergraduate curriculum – reforms and results. *International Journal of Surgery* 2005;3(1):87–92.

R.D. Rosin, Editor-in-Chief,
International Journal of Surgery,
Royal College of Surgeons of England,
Praed Street, London W2 1NY, UK
E-mail address: rdrosin@uk-consultants.co.uk